



<b>CLAIM FORM</b>			<b>PLEASE READ INSTRUCTIONS BEFORE FILLING THIS CLAIM FORM</b>		
<b>Name</b>					
<b>Contact Address</b>				<b>Tel</b>	
				<b>Fax</b>	
				<b>Email</b>	
<b>Date of Filing Claim</b>	<b>Packing date</b>	<b>Loading date</b>	<b>Delivery date</b>	<b>Date of Loss recovered</b>	

Inventory no.	Item Description	Nature of Claim (Explain if damage)	Date of purchase	Purchase Cost	Insured Value	Amount of Claim
					<b>TOTAL</b>	

<p>I, the undersigned, hereby declare that the statements contained herein and exhibits attached hereto are true and correct, and that no material fact is withheld that should be included in this report. This is also to certify that I/we have not received any items claimed short/missing from any source to date. Should I/we receive such items from any source, I/we will promptly notify GLOBE MOVING &amp; Storage Co. Pvt. Ltd. to delete the items from the claim, or if claim has been settled, will return the monies paid. I also authorize Globe Moving &amp; Storage Co. Pvt. Ltd. to release any documents to the insurance company that may concern this claim</p>	<p>Signature of Claimant &amp; Date</p>
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